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## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No. 1545 1150

2008

Department of the Treasury  
Internal Revenue Service► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1 000 000 and total assets less than \$2 500 000 at the end of the year may use this form.  
► The organization may have to use a copy of this return to satisfy state reporting requirementsOpen to Public  
Inspection

A For the 2008 calendar year, or tax year beginning Jun 1, 2008, and ending May 31, 2009

B Check if applicable		C Name of organization <b>Springfield McKenzie Eagles #3597</b>		D Employer identification number 51-0149715	
Address change		Number and street (or P O box if mail is not delivered to street address) 1978 Main St		E Telephone number (541) 726-1265	
Name change		Room/suite		F Group Exemption Number	
Initial return		City or town state or country and ZIP + 4 Springfield OR 97477		►	
Termination					
Amended return					
Application pending					

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

J Organization type (check only one) —  501(c) ( 8 ) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 50,129.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	6a 41,377.
	a Gross revenue (not including \$ 41,377. of contributions reported on line 1)	6b 26,298.
	b Less direct expenses other than fundraising expenses	6c 15,079.
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ► )	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 23,831.	
E X P E N 	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11 2,370.
	12 Salaries, other compensation, and employee benefits	12 13,854.
	13 Professional fees and other payments to independent contractors	13 100.
	14 Occupancy, rent, utilities, and maintenance	14 4,231.
	15 Printing, publications, postage, and shipping	15 126.
	16 Other expenses (describe ► See Other Expenses Statement)	16 8,805.
	17 Total expenses (add lines 10 through 16)	17 29,486.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -5,655.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 0.
20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20 26,973.	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 21,318.	

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )		
(A) Beginning of year      (B) End of year		
22 Cash, savings, and investments	0. 22	21,318.
23 Land and buildings	0. 23	0.
24 Other assets (describe ► )	0. 24	0.
25 Total assets	0. 25	21,318.
26 Total liabilities (describe ► )	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0. 27	21,318.

**Part III . Statement of Program Service Accomplishments (See the instructions )**

What is the organization's primary exempt purpose? Raise money for charities.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

## Expenses

(Required for 501(c)(3)  
and (4) organizations and  
4947(a)(1) trusts, optional  
for others )

28

(Grants \$  ) If this amount includes foreign grants, check here ►

29

(Grants \$  ) If this amount includes foreign grants, check here ►

—  
—  
—

**31** Other program services (attach schedule)  If this amount includes foreign grants, check here

32 Total amount of grants and contributions (add lines 29 through 31)  If this amount includes foreign grants, check here ▶

**Part IV** List of Officers, Directors, Trustees, **K**, **F**, **L**

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not com

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Robert Curtis	Trustee	0.	0.	0.
5183 Daisy St	2.00			

**Part V. Other Information** (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990 T, attach a statement explaining your reason for not reporting the income on Form 990 T

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

► 37a | 0.

b Did the organization file **Form 1120-POL** for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

► 39a |

b Gross receipts, included on line 9, for public use of club facilities

► 39b |

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

► \_\_\_\_\_

d Enter amount of tax on line 40c reimbursed by the organization

► \_\_\_\_\_

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42a The books are in care of ► Bill Meadows \_\_\_\_\_ Telephone no ► (541) 726-1265 \_\_\_\_\_  
Located at ► 1978 Main St \_\_\_\_\_ Springfield \_\_\_\_\_ OR ZIP + 4 ► 97477 \_\_\_\_\_

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country ► \_\_\_\_\_

	Yes	No
42b	X	

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts  
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ► \_\_\_\_\_

	Yes	No
42c	X	

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 |

	Yes	No
43		

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44	X	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
45	X	

**Part VI. Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ►		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

► Bill Meadows  
Signature of officer

► June 1, 2010  
Date

► Bill Meadows  
Type or print name and title

Secretary

**Paid Preparer's Use Only**

Preparer's signature ► Jan's Tax & Bookkeeping Service Date 05/31/10 Check if self employed ►  Preparer's Identifying Number (See instructions)

Firm's name (or yours if self employed), address and ZIP + 4 ► 1605 Hemlock St EIN ► Phone no ►

► Eugene OR 97404-3907

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No  
Form 990-EZ (2008)

Department of the Treasury  
Internal Revenue Service

- Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

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**Name of the organization**

**Employer identification number**

Springfield McKenzie Eagles #3597

51-0149715

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/>	Mail solicitations
<input type="checkbox"/>	Email solicitations
<input type="checkbox"/>	Phone solicitations
<input type="checkbox"/>	In-person solicitations
<input type="checkbox"/>	Solicitation of non-government grants
<input type="checkbox"/>	Solicitation of government grants
<input type="checkbox"/>	Special fundraising events

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II. Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

REVENUE		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4- through 7 in column (d)				►
	9 Net income summary Combine lines 3 and 8 in column (d)				►

**Part III. Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue			40,363.	40,363.
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			26,236.	26,236.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► 26,236.
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				► 14,127.

9 Enter the state(s) in which the organization operates gaming activities Oregon

a Is the organization licensed to operate gaming activities in each of these states?  
 Yes       No

b If 'No,' Explain  
-----  
-----  
-----

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
 Yes       No

b If 'Yes,' Explain  
-----  
-----  
-----

11 Does the organization operate gaming activities with nonmembers?  
 Yes       No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  
 Yes       No

13 Indicate the percentage of gaming activity operated in  
 a The organization's facility  
 b An outside facility

13a	100.00 %
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► Unknown

Address ► 1978 Main St Springfield, OR 97477

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_  
 c If 'Yes,' enter name and address

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► Oregon Lottery Commission

Gaming manager compensation ► \$ 26,236.

Description of services provided ► Maintain Lottery Machine

Director/officer       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  
 b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a X

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

<u>Insurance-Property &amp; Liability</u>	2,290.
<u>Workers Compensation</u>	461.
<u>Payroll taxes</u>	4,848.
<u>Bank Service Charges</u>	252.
<u>Office Supplies</u>	129.
<u>Telephone</u>	221.
<u>Security</u>	104.
<u>Conference, Convention, Meetings</u>	500.
 Total	 <u>8,805.</u>

Form 990-EZ, Page 1, Part I, Line 20

**Other Changes in Net Assets or Fund Balances**

Description	Amount
<u>Balances are correct except we were not able to find the beginning balances. The information included in this return was derived from the checkstubs and deposit books that were found. The change is to make the balances correct.</u>	<u>26,973.</u>
Total	<u>26,973.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6, Amts on Line 1a

Description	Amount
<u>Lottery Income</u>	40,363.
<u>Bar/Social Fund</u>	1,014.
Total	<u>41,377.</u>

**Supporting Statement of:**

Form 990-EZ/Line 6b

Description	Amount
<u>Amount paid to Oregon Lottery Commission</u>	26,236.
<u>Bar Expense</u>	62.
Total	<u>26,298.</u>

**Supporting Statement of:**

Form 990-EZ/Line 22, Column (B)

Description	Amount
<u>Benefit Fund-Key Bank</u>	2,522.
<u>General Fund-Key Bank</u>	9,301.
<u>Lottery Fund-Key Bank</u>	9,495.
Total	<u>21,318.</u>